

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**  
of  
**MAYO CORRECTIONAL INSTITUTION ANNEX**  
for the  
Physical and Mental Health Survey  
Conducted March 21-23, 2017

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## CAP Assessment of Calhoun Correctional Institution

### I. Overview

On March 21-23, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Mayo Correctional Institution Annex (MAYAN). The survey report was distributed on April 10, 2017. In May 2017, MAYAN submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the March 2017 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days. On September 27, 2017, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on October 5, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III below describe the outcome of the CMA’s evaluation of the institution’s efforts to address the survey findings.

### II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 13 of the 16 physical health findings were corrected. Three physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></b></p> <p><b>PH-1: In 3 records, the diagnosis was not recorded on the problem list.</b></p> <p><b>PH-2: In 3 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-3: In 8 records, inmates were not seen according to their M-grades.</b></p> <p><b>PH-4: In 3 records, the chronic illness clinic forms were incomplete.</b></p>	<p><b>PH-1 CLOSED</b></p> <p><b>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</b></p> <p><b>PH-2 &amp; PH-3 OPEN</b></p> <p><b>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-2 &amp; PH-3 will remain open.</b></p> <p><b>PH-4 CLOSED</b></p> <p><b>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</b></p>

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC RECORD REVIEW</u></b></p> <p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p><b>PH-5:</b> In 3 of 6 applicable records, inmates with HgbA1c over 8.0 were not seen every three months as required.</p> <p><b>PH-6:</b> In 5 of 12 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	<p><b>PH-5 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-5 will remain open.</p> <p><b>PH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></b></p> <p><b>PH-7:</b> In 6 of 14 applicable records (15 reviewed), there was no evidence of hepatitis A &amp; B vaccination or refusal.</p>	<p><b>PH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MISCELLANEOUS CLINIC RECORD REVIEW</u></b></p> <p><b>Ph-8:</b> In 1 of 4 applicable records (6 reviewed), there was no evidence of pneumococcal vaccination or refusal.</p>	<p><b>PH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SICK CALL RECORD REVIEW</u></b></p> <p>PH-9: In 4 of 13 applicable records (19 reviewed), there was no evidence that the follow-up assessment was completed.</p>	<p><b>PH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS RECORD REVIEW</u></b></p> <p>A comprehensive review of 17 inmate records revealed the following deficiencies:</p> <p>PH-10: In 6 records, the consultation log was incomplete for the incident.</p> <p>PH-11: In 1 of 2 applicable records, there was no evidence that the alternate treatment plan (ATP) was documented in the medical record.</p> <p>PH-12: In 1 of 2 applicable records, there was no evidence that the ATP was implemented.</p>	<p><b>PH-10, PH-11, &amp; PH-12 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10, PH-11, &amp; PH-12.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INTRASYSTEM TRANSFERS RECORD REVIEW</u></b></p> <p>PH-13: In 1 of 5 applicable records (17 reviewed), there was no evidence that a clinic visit took place as scheduled after arrival at the institution.</p>	<p><b>PH-13 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p><b>PH-14: In 3 of 15 records reviewed, there was no evidence that all diagnostic tests were completed as required.</b></p>	<p><b>PH-14 CLOSED</b></p> <p><b>Adequate evidence of in-service training and documentation of correction were provided to close PH-14.</b></p>

Finding	CAP Evaluation Outcome
<p><b><u>INSTITUTIONAL TOUR</u></b></p> <p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>PH-15: There were some expired supplies located in the medical unit.</b></p> <p><b>PH-16: Over-the-counter medications were not readily available or dispensed correctly in all dorms.</b></p>	<p><b>PH-15 &amp; PH-16 CLOSED</b></p> <p><b>Adequate evidence of in-service training and documentation of correction were provided to close PH-15 &amp; PH 16.</b></p>

### III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 4 of 11 mental health findings were corrected. Seven mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 6 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 records, an emergency evaluation was not completed by mental</b></p>	<p><b>MH-1 OPEN</b></p> <p><b>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance has not been met. MH-1 will remain open.</b></p>

Finding	CAP Evaluation Outcome
<p>health or nursing staff prior to an SHOS admission.</p> <p><b>MH-2:</b> In 3 records, SHOS orders were not cosigned by the next working day or were incomplete.</p> <p><b>MH-3:</b> In 3 records, the “Infirmery/Hospital Admission Nursing Evaluation” (DC4-732) was not completed within 2 hours of an SHOS admission.</p> <p><b>MH-4:</b> In 2 of 2 applicable records, the guidelines for SHOS management were not observed.</p> <p><b>MH-5:</b> In 1 of 5 applicable records, daily rounds by the attending clinician were not completed on all business days.</p> <p><b>MH-6:</b> In 1 of 5 applicable records, daily counseling was not provided on all business days.</p> <p><b>MH-7:</b> In 4 records, the attending clinician did not conduct a face-to-face evaluation prior to discharge from SHOS.</p>	<p><b>MH-2 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2.</p> <p><b>MH-3 &amp; MH-4 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance has not been met. MH-3 and MH-4 will remain open.</p> <p><b>MH-5 &amp; MH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5 and MH-6.</p> <p><b>MH-7 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance has not been met. MH-7 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE</u></b></p> <p><b>MH-8:</b> In 1 of 1 records reviewed, nursing staff did not complete a physical exam immediately following a use of force episode.</p>	<p><b>MH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 11 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-9: In 6 of 8 applicable records, the Biopsychosocial Assessment (BPSA) was not approved by the multi-disciplinary services team within 30 days of initiation of mental health services, or change in S-grade.</b></p> <p><b>MH-10: In 6 records, short term goals on the Individualized Service Plan (ISP) were not written as required.</b></p> <p><b>MH-11: In 4 records, the ISP was not signed by all relevant parties.</b></p>	<p><b>MH-9, MH-10 &amp; MH-11 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance has not been met. MH-9, MH-10 and MH-11 will remain open.</p>

**IV. Conclusion**

Three physical health findings remain open and all other portions will close. Seven mental health findings will remain open and all other portions will close. Until such time as appropriate corrective actions are undertaken by staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an on-site evaluation.